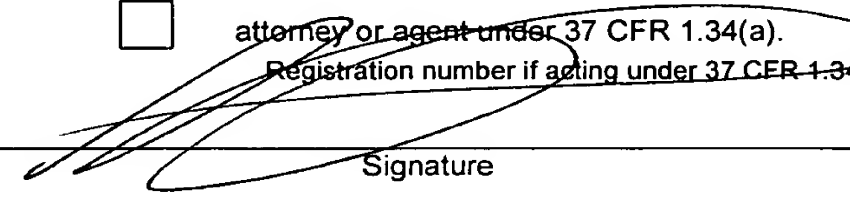




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) SCEI 3.0-030	
Application Number	09/658,618-Conf. #3345	Filed	September 8, 2000
For CONTROL APPARATUS AND OUTPUTTING SIGNAL ADJUSTING METHOD THEREFOR			
Art Unit	2675	Examiner	A. D. Nelson
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00 \$
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950.00 - \$110.00 (previously paid)	\$475.00 \$ 840.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 42,424	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)	
		September 9, 2004	
Orville R. Cockings		Date	
Typed or printed name		(908) 518-6397	
		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/>	Total of 2 forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 9, 2004

Signature:

(Orville R. Cockings)